

<b>Case Number:</b>	CM15-0187690		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	06/25/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 25, 2014. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve a request for a cold therapy unit. An RFA form dated August 28, 2015 and an associated progress note dated July 27, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated August 28, 2015, the treating provider sought authorization for a cold therapy unit purchase. On an associated progress note dated July 27, 2015, the applicant reported worsening complaints of neck pain status post earlier cervical fusion surgery in September 2013. X-rays of the cervical spine, TENS unit, topical Terocin, and work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Purchase of cold therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter - Continuous-flow cryotherapy.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Cervical and Thoracic Spine Disorders, pg. 169.

**Decision rationale:** No, the request for a purchase of a cold therapy unit was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-5, page 174 does recommend at-home local applications of heat and cold as methods of symptom control for applicants with neck and upper back pain complaints, as were seemingly present here, by implication, the MTUS Guideline in ACOEM Chapter 8, Table 8-5, page 174 does not recommend high-tech cryotherapy devices such as the cold therapy unit at issue here. The Third Edition ACOEM Guidelines Chronic Cervical and Thoracic Spine Disorders Chapter takes a more explicit position against usage of high-tech devices such as the article at issue, noting that such devices are deemed not recommended. Here, the attending provider failed to furnish a clear or compelling rationale for provision of this particular article in the face of the unfavorable ACOEM position(s) on the same. Therefore, the request was not medically necessary.